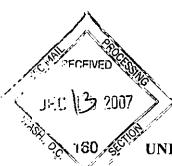
' FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076 ember 30, 2001
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nours per response	

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	SEC	USE	ONLY	
Prefix				Serial
	DATE	REC	EIVED	

Name of Offering (check if the Aquiline Real Estate Fund L.P.	his is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that a Type of Filing: New Filing		Section 4(6) ULOE
<u>, </u>	A. BASIC IDENTIFICATION DATA	
1. Enter the information reques	sted about the issuer	
Name of Issuer (check if this Aquiline Real Estate Fund L.P.	is an amendment and name has changed, and indicate change.) (the "Partnership")	07085722
Address of Executive Offices (535 Madison Avenue, 24th Floor	(Number and Street, City, State, Zip Code) r, New York, New York 10022	Telephone Number (Including Area Code) (212) 624-9524
Address of Principal Business Ope (if different from Executive Office	erations (Number and Street, City, State, Zip Code) es)	Telephone Number (Including Area Code)
Brief Description of Business Inv	estment vehicle.	DDoo
Type of Business Organization corporation business trust	limited partnership, already formed other (please spec	ify): DEC 1.0.2002
Actual or Estimated Date of Incorp	poration or Organization: 0 15 0 7	Actual Estimated THOMSON FINANCIAL
Federal:		
	offering of securities in reliance on an exemption under Regulation D or Section 4	(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no SEC) on the earlier of the date it is recestates registered or certified mail to that	b later than 15 days after the first sale of securities in the offering. A notice is deer cived by the SEC at the address given below or, if received at that address after the t address.	med filed with the U.S. Securities and Exchange Commission e date on which it is due, on the date it was mailed by United
· ·	hange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this igned copy or bear typed or printed sign	s notice must be filed with the SEC, one of which must be manually signed. Any natures.	copies not manually signed must be photocopies of the manually
Information Required: A new filing mu equested in Part C, and any material cha	ist contain all information requested. Amendments need only report the name of the langes from the information previously supplied in Parts A and B. Part E and the	the issuer and offering, any changes thereto, the information Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee	e.	
State:		
form. Issuers relying on ULOE must files a precondition to the claim for the exe	ance on the Uniform Limited Offering Exemption (ULOE) for sales of securities ile a separate notice with the Securities Administrator in each state where sales are emption, a fee in the proper amount shall accompany this form. This notice shall a part of this notice and must be completed.	to be, or have been made. If a state requires the payment of a fee
	ATTENTION	
failure to file the approp	the appropriate states will not result in a loss of priate federal notice will not result in a loss of an a on the filing of a federal notice.	the federal exemption. Conversely, vailable state exemption unless such

		A. BASIC IDENT	IFICATION DATA							
Enter the information rec	quested for the follow	ing;								
Each promot	er of the issuer, if the	issuer has been organized wi	thin the past five years;							
 Each benefic issuer; 	 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 									
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 										
Each general	and managing partne	r of partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if Aquiline Real Estate Partner		eral Partner")								
Business or Residence Address 535 Madison Avenue, 24th F										
Check Box(es) that Apply:	Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Sole Member									
Full Name (Last name first, if Aquiline Holdings II LLC	individual)									
Business or Residence Address 535 Madison Avenue, 24th F	•	•								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member					
Full Name (Last name first, if Greenberg, Jeffrey W.	individual)									
Business or Residence Addres 535 Madison Avenue, 24th F										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Authorized Signatory					
Full Name (Last name first, if Krulewitch, E. Peter	individual)									
Business or Residence Addres 535 Madison Avenue, 24th F			1010101							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)	·								
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)				_					
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)								

<u> </u>														
					B. 11	NFORMAT	ION ABOU	T OFFERI	NG				VEO	NC
1 14	lac the iccus	reald and	laec the iccu	er intend to	sell to non	-neoraditad	investors in t	his offering	?				YES	NO M
1. 1	ias die issue	i solu, or o	ioes the issu				1 2, if filing u				*****************		<u></u>	\boxtimes
2. V	Vhat is the n	ninimum ir	vestment th	at will be a	ccepted fro	m any indivi	idual?						\$500,00	0*
,	The Gener	al Partne	r reserves t	he right to	accept less	er amounts						_		
						•							YES	МО
3. E	Ooes the offe	ring permi	it joint own	rship of a s	ingle unit?	•••••	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-,,,			**********	\boxtimes	
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	or that broke													
Full Na NA	me (Last na	me first, if	individual)											
	ss or Resider	nce Addres	ss (Number	and Street,	City, State,	Zip Code)								
				,	. , ,	, ,								
Name o	of Associated	i Broker o	r Dealer											
States in	n Which Per	son Listed	Has Solicit	ed or Intend	ls to Solicit	Purchasers								
	(Check "	All States	or check in	ndividual St	ates)		************				🔲 л	II States		
[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nat	me (Last nar	ne first, if	individual)											
Busi	iness or Resi	dence Ado	dress (Numb	oer and Stre	et, City, Sta	te, Zip Code	:)				•			
Nan	ne of Associ	ated Broke	r or Dealer											
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[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[OH]	[MN] [OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
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Bus	siness or Res	idence Ad	ldress (Num	ber and Stre	eet, City, St	ate, Zip Cod	c)							
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ivai	ne of Assoc	iaicu Brok	er or Dealer											
										_				
States	s in Which F	erson List	ed Has Soli	cited or Inte	ends to Solid	cit Purchasei	rs							
(Chec	k "All States	" or check	c individual	States)					***************************************	**************		All State	s	
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(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-	
(MT)	[NE]	[NV] [SD]	[NH] TN]	[NJ] [TY]	(NM) [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	_	
(RI)	[SC]	[որ]	117	[TX]	[OI]	[4 1]	[• 77]	[ייי ה]	[** *]	[** 1]	[''' ']	Tr 10	ı	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	OCE	EDS		
,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter '0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price		Amount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$	-0-	S	-0-
	Common Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	100,000,000	\$	17,900,000
	Other (Specify)	\$	-0-	\$	-0-
	Total	S	100,000,000	S	17,900,000
;]	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."				
·	Accredited Investors		Number Investors 31	s	Aggregate Dollar Amount of Purchases 17,900,000
	Non-accredited investors	_	-0-	Ŝ	-0-
	Total (for filings under Rule 504 only)		NA	S	NA
2	Answer also in Appendix, Column 4, if filing under ULOE.				
j	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		NA	S	NA NA
	Regulation A	_	NA	\$	NA
	Rule 504	_	NA	\$	NA
	Total	_	NA	\$	NA
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		🛛	s	-0-
	Printing and Engraving Costs		5	<u> </u>	7,500
	Legal Fees		🛛	<u> </u>	145,000
	Accounting Fees		🛛	<u>s</u>	23,000
	Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)		_	\$	-0-
	Other Expenses (identify) <u>Travel and miscellaneous</u>	•••••	🛛	<u>s</u>	-0-

175,500

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expense furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				<u>\$ 9</u>	9,824	1,500
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set for response to Part C - Question 4.b above.	left of					
		O Dir	ments to fficers ectors & filiates			yments to Others
Salaries and fees	\boxtimes _	<u>s</u>	-0-		\$	-0-
Purchase of real estate	\boxtimes	\$	-0-	\boxtimes	\$	-0-
Purchase, rental or leasing and installation of machinery and equipment	\boxtimes	\$	-0-		s	-0-
Construction or leasing of plant buildings and facilities	\boxtimes		-0-	_ <u>_</u> _		-0-
Acquisition of other businesses (including the value of securities involved in this	<u> </u>	.	-0-	_ ല_		-0-
offering that may be used in exchange for the assets or securities of another						
issuer pursuant to a merger)	$\boxtimes_{_}$	\$	-0-	\square	S	-0-
Repayment of indebtedness	\boxtimes	\$	-0-		s	-0-
Working capital	\boxtimes	s	-0-		s	-0-
Other (specify) Portfolio Investments	 _ 	\$	-0-		\$99,	824,500
		s	-0-	\boxtimes	s	-0-
Column Totals	\boxtimes		-0-			824,500
	<u> </u>					•
Total Payments Listed (column totals added)			⊠ s	99,8	24,50	0
D. FEDERAL SIGNATURE						

The iss non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Aquiline Real Estate Fund L.P.

5.

Date

12/2007

Name (Print or Type)

Title of Signer (Print or Type)

Authorized Person of Aquiline Holdings II LLC, the Sole Member of Aquiline Real Estate Partners GP LLC, the General Partner of the Partnership

E. Peter Krulewitch

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).